

Exhibit 68

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Being diabetic is becoming unaffordable
Prices of insulin have tripled, attracting attention of Congress

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Egyptian medical texts dated around 550 B.C. contain the earliest known descriptions of diabetes. Treatments for the disease throughout history included having patients drink their own urine, bleeding them, blistering them and administering opium to "reduce the despair" of impending death.

Diabetic children died within months of diagnosis. A few made it beyond one year. The discovery of insulin in 1921 changed everything.

Now the nearly 20,000 young Americans each year diagnosed with Type 1 diabetes have the chance to live long, productive lives. There is no way to prevent the autoimmune disease that destroys the body's ability to produce insulin it needs to convert food to energy. There is no known cure.

Staying alive requires injecting insulin, sometimes several times a day.

That assumes people can afford it or have health insurance to help pay for it. Because the cost has tripled in recent years.

Type 1 diabetics typically require two or three vials of insulin a month. People with the more common Type 2 diabetes may require six or more vials. Common forms of insulin sell for about \$300 per vial. The math is simple and the sum is scandalous.

Fortunately, two Washington lawmakers are starting to feel the outrage — because each has a diabetic child.

Reps. Diana DeGette, a Democrat from Colorado, and Tom Reed, a Republican from New York, have teamed up to ask three powerful health care industries to explain the rising cost of insulin. They want to know how a drug discovered 100 years ago — by researchers who sold the patent to a university for \$3 and was available for less than \$1 a vial — has become so expensive.

Millions of American should be eagerly awaiting that explanation. The escalating cost makes no sense and is not necessarily due to the development of newer, better insulin. One form that cost \$17 a vial in 1997 cost \$138 in 2016. Another form launched 20 years ago for \$21 a vial rose to \$255.

Drugmakers argue the list prices are not the price paid, because rebates are negotiated by pharmacy benefit managers, who work on behalf of insurers. Insurers and employers question whether the rebates are passed on to them. Meanwhile, insurers may strike secret deals with pharmaceutical companies to exclude competitors, which can leave patients paying more for an insulin they've used for decades.

And switching to a different insulin is no simple matter. It requires conversion charts and adjusting to peak times. Keeping a blood sugar stable frequently means injecting insulin several times a day and varying the dosage based on how much one is eating or exercising.

Too much insulin can cause blood sugar to drop, which can be debilitating or deadly. Too little insulin over time can lead to high blood sugar, which can result in complications including kidney failure, blindness, amputation and heart attacks.

Obtaining the drug needed to stay alive can be crippling for Americans without health insurance. It can be unaffordable for those with increasingly common high-deductible plans.

And when someone accidentally drops one of the glass vials and watches it shatter on the floor, the insurer may not want to cover another one.

While DeGette and Reed are inquiring about the cost of insulin, they might also ask about the cost of syringes and disposable test strips needed to monitor blood sugar levels, which can easily add up to hundreds of dollars more per month.

They might advocate price controls on drugs, particularly those that have been on the market for decades. They might require transparency from industry insiders to expose rebates, kickbacks and other practices that hint of collusion.

And these two lawmakers should remember that their children with pre-existing health problems will eventually grow up and need to secure their own health insurance. We hope that coverage will be available, affordable and cover the cost of diabetic supplies.

---- Index References ----

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